Member Handbook

*i*Care Medicaid SSI Plan | *i*Care BadgerCare Plus

We want to help you. Call us if you have questions.
Customer Service: 1-800-777-4376 | TTY: 711

iCare
INDEPENDENT CARE HEALTH PLAN
*i*Care is a wholly-owned subsidiary of Humana

1555 North RiverCenter Drive Suite 206
Milwaukee, Wisconsin 53212
www.iCareHealthPlan.org

Please keep this member handbook.
You will reference it often while you are an
*i*Care member.

IC470 DHS approved 1/23/2025

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NOTICE OF NON-DISCRIMINATION

Independent Care Health Plan complies with applicable Federal civil rights laws and does not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Independent Care Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters.
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **1-800-777-4376 (TTY: 1-800-947-3529)**. If you believe that Independent Care Health Plan has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail, fax, or email with Independent Care Health Plan's Non-Discrimination Coordinator at 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212, **1-800-777-4376 (TTY: 1-800-947-3529)**, Fax: 1-414-918-7589, or **advocate@icarehealthplan.org**. If you need help filing a grievance, Independent Care Health Plan's Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**

This notice is available at **www.icarehealthplan.org**.

GHHNDN2025iC

Auxiliary aids and services, free of charge, are available to you. **1-800-777-4376 (TTY: 1-800-947-3529)**, available 24 hours a day, 7 days a week (Standard office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m. Central time).

Independent Care Health Plan (*i*Care), a wholly-owned subsidiary of Humana, complies with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

မြန်မာနိုင်ငံ (Burmese) အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ ရယူရန် အထက်ပါ ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။

簡體中文 (Simplified): 您可以拨打上面的电话号码以获得免费的语言协助服务。

Soomaali (Somali): Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

ພາສາລາວ (Lao): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Tiếng Việt (Vietnamese) Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Srpsko-hrvatski (Serbo-Croatian) Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

This notice is available at **icarehealthplan.org**

WIHMEKWEN

MEDICAL TERMINOLOGY

APPEAL: An appeal is something you do if you disagree with our decision to deny a request for coverage of health care services or prescription drugs or payment for services or drugs you already received.

CO-PAYMENT (OR "CO-PAY"): A fixed amount ($20, for example) you pay for a covered health care service. Co-payments (sometimes called "co-pays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

DURABLE MEDICAL EQUIPMENT: Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.

EMERGENCY MEDICAL CONDITION: An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm.

EMERGENCY MEDICAL TRANSPORTATION: Ambulance services for an emergency medical condition.

EMERGENCY ROOM CARE: Emergency services you get in an emergency room.

EMERGENCY SERVICES: Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

EXCLUDED SERVICES: Health care services that your health insurance or plan doesn't pay for or cover.

GRIEVANCE: An expression of dissatisfaction that you communicate to your health insurer or plan.

HABILITATION SERVICES AND DEVICES: Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

HEALTH INSURANCE: A contract that requires your health insurer to pay some or all your health care costs in exchange for a premium.

HOME HEALTH CARE: Health care services a person receives at home.

HOSPICE SERVICES: Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

HOSPITALIZATION: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

HOSPITAL OUTPATIENT CARE: Care in a hospital that usually doesn't require an overnight stay.

MEDICALLY NECESSARY: Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

NETWORK: The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

NON-PARTICIPATING PROVIDER: A provider who doesn't have a contract with your health insurer or plan to provide services to you.

PHYSICIAN SERVICES: Health care services a licensed medical physician (MD – Medical Doctor or DO – Doctor of Osteopathic Medicine) provides or coordinates.

PLAN: A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

PRIOR AUTHORIZATION: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary.

PARTICIPATING PROVIDER: Participating provider means a provider who has agreed to provide health care services to members. It includes a hospital, doctor, pharmacy, group practice, nurse, nursing home, pharmacy, or other allied health professional or entity.

PREMIUM: The amount you pay for your health insurance every month.

PRESCRIPTION DRUG COVERAGE: Health insurance or plan that helps pay for prescription drugs and medications. All Marketplace plans cover prescription drugs.

PRESCRIPTION DRUGS: Drugs and medications that, by law, require a prescription.

PRIMARY CARE PHYSICIAN: A physician (MD – Medical Doctor or DO – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

PRIMARY CARE PROVIDER: A physician (MD – Medical Doctor or DO – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

PROVIDER: A term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

REHABILITATION SERVICES AND DEVICES: Health care services that help you keep, get back, or improve skills and functioning for daily living that have been lost or impaired because you were sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

SKILLED NURSING CARE: Services and/or skilled care services from licensed nurses, technicians, and therapists in your own home or in a nursing home.

SPECIALIST: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

URGENT CARE: Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

Sources: Healthcare.gov; Medicare.gov; healthinsurance.org

*i*CARE TELEPHONE NUMBERS

	Help With	Phone and/or Fax Number	Hours of Operation
Customer Service	» Questions about your membership. » Questions about how to get care. » Help choosing a primary care physician or other provider. » Help getting a new membership card. » Help getting a paper copy of the provider directory. » If you get a bill for a service you did not agree to.	1-800-777-4376	Call 24 hours a day, 7 days a week
Member Advocate	» Help solving problems with getting care. » Help with filing a complaint or grievance. » Help with requesting an appeal or review of a decision made by *i*Care.	1-800-777-4376	Monday-Friday 8:30 a.m.-5 p.m.
***i*Care Emergency Number** If you are experiencing an emergency call 911.	» Call this number if you need help after-hours or if you are not sure if you are experiencing a medical emergency. » Calls to this number are free. Free language interpreters are available for non-English speakers.	1-800-777-4376	Call 24 hours a day, 7 days a week
Nurse Advice Line		1-800-679-9874	Available 24 hours a day, 7 days a week
Prior Authorization or Referrals		Phone: 1-800-777-4376 Fax: 1-414-231-1026	Call 24 hours a day, 7 days a week
TDD/TTY		711 or 1-800-947-3529	Available 24 hours a day, 7 days a week

As an *i*Care member, you may receive text messages and emails about actions to take like preventative wellness visits and completing a health risk screening. These reminders can help you stay healthy and learn new ways to take care of yourself. If you do not want to receive these messages, you can opt out at any time.

_i_Care's Location

Our Milwaukee office is located at 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212. For other locations, please call Customer Service or visit our web site: www.iCareHealthPlan.org.

Please call your Care Team to schedule an appointment to visit an *i*Care office during business hours, Monday — Friday, 8:30 a.m. – 5:00 p.m.

OTHER IMPORTANT TELEPHONE NUMBERS

	Inquiries	Phone and/or Fax Number/Email	Hours of Operation
ForwardHealth Member Services	» Questions about how to use your ForwardHealth care. » Questions about ForwardHealth services or providers. » Help with getting a new ForwardHealth care.	1-800-362-3002 Email: memberservices@wisconsin.gov	Monday - Friday 8:00 a.m. - 6:00 p.m.
HMO Enrollment Specialist	» General information about health maintenance organizations (HMO) and managed care. » Help with disenrollment or exemption from *i*Care Medicaid SSI or BadgerCare Plus plans or managed care. » If you move out of *i*Care's service area.	1-800-291-2002	Monday - Friday 7:00 a.m. - 6:00 p.m.
State of Wisconsin HMO Ombuds Program	» Help solving problems with the care or service you get from *i*Care. » Help understanding your member rights and responsibilities. » Help filing a grievance, complaint, or appeal of a decision made by *i*Care.	1-800-760-0001	Monday - Friday 8:00 a.m. - 4:30 p.m.
External Advocate (Medicaid SSI Only)	» Help solving problems with the care or services you get from *i*Care. » Help filing complaint or grievance. » Help requesting an appeal or review of a decision made by *i*Care.	1-800-708-3034	Monday - Friday 8:30 a.m. - 5:00 p.m.

WELCOME

Welcome to Independent Care Health Plan or as we are known by, *i*Care. *i*Care is a health plan that runs the BadgerCare Plus and Medicaid SSI program. BadgerCare Plus is a health care program. It helps low-income children, pregnant people, and adults in Wisconsin. Medicaid SSI is a program that helps people who have Supplemental Security Income (SSI) get health care.

This handbook can help you:

» Learn the basics of BadgerCare Plus and/or Medicaid SSI.

» See the services covered by *i*Care and ForwardHealth.

» Know your rights and responsibilities.

» File a grievance or appeal if you have a problem or concern.

*i*Care will cover most of your health care needs. Wisconsin Medicaid will cover some others through ForwardHealth. See the *Services Cover by iCare* and *Services Covered by ForwardHealth* sections of this handbook for more information.

USING YOUR FORWARDHEALTH ID CARD

Use your ForwardHealth card to get the health care services listed below:

- Behavioral (autism) treatment services
- Chiropractic services
- Crisis intervention services
- Community recovery services
- Comprehensive community services
- Dental services (unless covered by *i*Care)
- Hub and Spoke integrated recovery support health home
- Medication therapy management
- Medications and pharmacy services
- Non-emergency medical transportation
- Prenatal care coordination
- Residential substance use disorder treatment
- School based services
- Targeted case management
- Tuberculosis-related services

Your ForwardHealth card is a plastic card with your name on it. It also has a 10-digit number and a magnetic stripe. Always carry your ForwardHealth card with you. Show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting health care or prescriptions if you do not have your card with you. Also, bring any other health insurance cards you may have. This could include an ID card other service providers.

If you have questions about how to use your ForwardHealth card or if your card is lost, damaged, or stolen, call ForwardHealth Member Services at 800-362-3002. To find a provider that accepts your Forward Health card:

1. Go to www.forwardhealth.wi.gov.
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare Plus/Medicaid.

Or, contact ForwardHealth Member Services at 1-800-362-3002.

USING THE PROVIDER DIRECTORY

As a member of *i*Care BadgerCare Plus and/or Medicaid SSI, you should get your health care from doctors and hospitals in the *i*Care network. See our provider directory for a list of these providers. Providers accepting new patients are called out in the provider directory.

The provider directory is a list of doctors, clinics, and hospitals that you can use to get health care services as a member of *i*Care. *i*Care has the provider directory in different languages and formats. You can find the provider directory on our website at www.iCareHealthPlan.org. For a paper copy of the provider directory, call *i*Care Customer Service at 1-800-777-4376.

*i*Care providers are sensitive to the needs of many cultures. See the *i*Care provider directory for a list of providers with staff who speak certain languages or understand certain ethnic cultures or religious beliefs. The provider directory can also tell you about the accommodations that providers offer and other important information such as address, telephone number, specialty, and other qualifications. If there is any information that is not included in the directory such as the residency of the provider or the medical school they attended, please contact the provider directly to ask.

CHOOSING A PRIMARY CARE PROVIDER

When you need care, call your primary care provider (PCP) first. A primary care provider could be a doctor, nurse practitioner, physician assistant, or other provider that gives, directs, or helps you get health care services. *i*Care does not require you to select a PCP but you can choose a primary care provider from the *i*Care provider directory. Use the list of providers accepting new patients. If you are an American Indian or Alaska Native, you can choose to see an Indian Health Care Provider outside of our network.

Call *i*Care Customer Service at 1-800-777-4376 to choose or change your primary care provider. You can keep your current primary care provider if they are part of our provider network. Your primary care provider will help you decide if you need to see another doctor or specialist. They can give you a referral if needed. If you want to use a certain specialist or hospital, you'll need a referral from your primary care provider. You'll need to get approval from your primary care provider before you see another doctor.

You may see a women's health specialist without a referral in addition to choosing a primary care provider. This could be an obstetrician and gynecologist (OB/GYN), nurse midwife, or licensed midwife.

NEW MEMBER DISCUSSION OF HEALTH NEEDS

*i*Care will contact you by phone or mail to talk with you about your individual health needs and circumstances. You can ask about resources in your community or that are part of your new health plan that may be available to you. Call 1-800-777-4376 to get started.

GETTING THE CARE YOU NEED

Medical Care or Services that *Require* Prior Approval (Authorization)

*i*Care must authorize certain visits and procedures. For example, if you receive a referral for an out-of-network provider, you will need to obtain a Prior Authorization. Your provider should contact *i*Care for Prior Authorizations. **Emergency services DO NOT require prior approval (authorization).** The following types of services require Prior Authorization review:

- Admission to an inpatient hospital for medical or behavioral/mental health care
- Admission to a subacute facility (Skilled Nursing Facility, Long-Term Acute Care Hospital, Inpatient Rehabilitation Hospital)
- Nursing care or therapy delivered in your home (home health care)
- Hospice services
- Some durable medical equipment (DME) and durable medical supplies (DMS)
- Some medical procedures and laboratory testing
- Outpatient physical, occupational, and speech therapy
- Cardiac and pulmonary rehabilitation
- Transplants
- Some specialty drugs or medications administered in your doctor's office or an infusion center

» Referrals for second (additional) opinions

» Referrals to non-participating providers (out-of-state or out-of-network) for all non-emergency services (emergency services do not require Prior Authorization)

» Long-term care services under *i*Care's Family Care Partnership (FCP)

» Some dental procedures*

» Some vision procedures*

*These requests are reviewed by delegated partners, DentaQuest or National Vision Administrators.

The *i*Care web site has a listing of procedures that require Prior Authorization.
Visit https://www.iCareHealthPlan.org/PA

Care After Normal Business Hours

When you have health care needs, you should always attempt to see your PCP first. When you cannot reach your PCP after-hours or your PCP is not available, you have options to get your needed care:

» Call the *i*Care 24-Hour Nurse Advice Line at 1-800-679-9874 (TTY: 711). The nurses can offer you medical advice on the phone or guide you to get the care you need.

» Visit an Urgent Care Clinic. Our nurse advice line may direct you to an Urgent Care Clinic, so you can see a doctor the same day. Many clinics are open late, weekends, and holidays. Some clinics have X-rays and lab tests. We have many Urgent Care Clinics in our network. For one near you, use your Provider Directory or go to our web site and use the provider search tool: www.iCareHealthPlan.org.

» If it is an emergency, call 911 or go to the nearest Emergency Room or Emergency Department for emergency medical and behavioral health conditions. Do not wait!

See the next few sections about getting care during a medical emergency and from an urgent care.

Emergency Care

Emergency care is care that is needed right away for an illness, injury, symptom, or condition that is very serious. Some examples are:

» Choking

» Convulsions

» Prolonged or repeated seizures

» Serious broken bones

» Severe burns

» Severe pain

» Severe or unusual bleeding

» Suspected heart attack

» Suspected poisoning

» Suspected stroke

» Trouble breathing

» Unconsciousness

If you need emergency care, get help as quickly as possible. Try to go to an *i*Care in-network hospital or emergency room for help if you can. If your condition cannot wait, go to the nearest provider (hospital, doctor, or clinic). **Call 911 or your local police or fire department emergency services if the emergency is very severe and you are unable to get to the nearest provider.**

If you must go to a non-*i*Care hospital or emergency room, you or someone else should call *i*Care at 1-800-777-4376 as soon as you can to tell us what happened.

You do not need *i*Care's or your primary care provider's approval before getting emergency care.

Remember, hospital emergency rooms are for true emergencies only. Unless your condition is very serious, call your doctor or our 24-hour emergency number at 1-800-777-4376 before you go to the emergency room. If you do not know if your illness or injury is an emergency, call *i*Care's Nurse Advice Line at 1-800-679-9874 or Emergency Number at 1-800-777-4376. We will tell you where you can get care. **You may have to pay a copayment if you go to an emergency room for care that is not an emergency.**

Urgent Care

Urgent care is care you need for an illness, injury, or condition that needs medical help right away, but does not require emergency room care. Some examples are:

» Bruises
» Most broken bones
» Bleeding that is not severe
» Minor burns and cuts
» Most drug reactions
» Sprains

You must get urgent care from *i*Care providers unless you get our approval to see a non-*i*Care provider. Do not go to a hospital emergency room for urgent care unless you get approval from *i*Care first.

Care When You Are Away from Home

Follow these rules if you need medical care but are too far away from home to go to your regular primary care physician or clinic:

» **For true emergencies, go to the nearest hospital, clinic, or doctor.** Call *i*Care at 1-800-777-4376 as soon as you can to tell us what happened. If you need emergency care outside of Wisconsin, health care providers in the area where you are can treat you and send the bill to *i*Care. You may need to pay a copayment if you get emergency care outside of Wisconsin. If you get a bill for services you got outside of Wisconsin, call *i*Care Customer Service at 1-800-777-4376.

» **For urgent or routine care away from home, you must first get approval from us to go to a different doctor, clinic, or hospital.** This includes children who are spending time away from home with a parent or relative. Call us at 1-800-777-4376 for approval to go to a different doctor, clinic, or hospital.

» **For urgent or routine care outside the United States, call *i*Care first.** *i*Care does not cover any services provided outside the United States, Canada, and Mexico. This includes emergency services. If you need emergency services while in Canada or Mexico, *i*Care will cover it only if the doctor's or hospital's bank is in the United States. Other services may be covered with *i*Care approval if the provider has a bank in the United States. Please call *i*Care if you get any emergency services outside the United States.

Behavioral Health Care and Substance Abuse Services

*i*Care provides mental health and substance abuse (drug and alcohol) services to all members.

A behavioral health (BH) care professional is someone who can help people get relief from mental health conditions. A BH care professional can be a psychiatrist, psychologist, social worker, marriage and family therapist, psychiatric nurse, or counselor with mental health training.

They can help you find ways to improve mental wellness. Anxiety, depression, bipolar, schizophrenia and other mental illness are common conditions. These conditions can be difficult to manage alone and even harder if someone is also using alcohol or drugs to cope.

They can also help you adjust to difficult or challenging life experiences. Examples include losing a job, having problems in school, or having family difficulties.

Sometimes an inpatient hospital stay is a necessary step in getting help with a behavioral health or substance abuse challenge. If you are admitted to a hospital for one of these conditions, we will outreach to you. We will offer care management services, so you get the follow up care you need. We will also support you through your recovery. We can help with scheduling follow up appointments and transportation. We can also connect you to education, community resources and other supports you need.

If you need these services, call your primary care physician. You can also call your *i*Care Care Team.

You do not need to get prior authorization (PA) for behavioral health services. You do not need to get PA for substance abuse services. However, you do need a PA for urine drug screens. The drug screen must be for treatment purposes to be approved. *i*Care does not cover drug screens for employment or non-medical purposes.

You must use a provider in the *i*Care Provider Network Directory for these services.

There is no cost to members to use these programs. You can choose not to participate.

For questions, to request this program and for help coordinating care, please call *i*Care Customer Service at 1-800-777-4376 (TTY: 711). Customer service is available 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

If you are in danger or having a medical emergency, call 911. If you are having thoughts of suicide or hurting yourself, call your county's crisis line (https://www.preventsuicidewi.org/county-crisis-lines) or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

All services provided by *i*Care are private.

Hospital Services

Hospital services mean those medically necessary services for inpatients and outpatients, which are provided by acute care general hospitals, and are prescribed, directed, or authorized by a PCP or specialist. Hospital services include anything and everything that hospitals offer to their recipients. Most hospitals provide some regular services, like emergency care (see Emergency Care on page 8 for more information), nursing services, intensive care unit, outpatient services and a pharmacy.

*i*Care covers the cost of medically necessary hospital services, provided at a hospital, on an inpatient or outpatient basis within the United States and provided at a hospital in our provider network. Your provider will arrange for your care at a hospital unless it is an emergency. Contact your provider if you believe you need hospital services. For most hospital services, you need to get prior authorization from *i*Care.

Care During Pregnancy and Delivery

Let *i*Care and your county or tribal agency know right away if you become pregnant, so you can get the extra care you need. You do not have copayments when you are pregnant.

You must go to an *i*Care in-network hospital to have your baby. Talk to your provider to make sure you know which hospital you should go to when it is time to have your baby. Do not go out of the area to have your baby unless you have *i*Care approval. Your *i*Care provider knows your history and is the best provider to help you.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. Traveling during your last month of pregnancy increases the chance that your baby will be born while you are away from home. Many people have a better birthing experience when they use the doctors and hospitals that cared for them throughout their pregnancy.

*i*Care for Mom & Baby Program

The *i*Care for Mom and Baby program offers care management services to pregnant members who need support during pregnancy and postpartum. We will work together to identify your needs and goals for care. *i*Care care management services can assist with the following:

- » Referrals to providers
- » Referrals to community services
- » Education on before and after delivery care with one of our nurses
- » Care coordination with your providers
- » Breastfeeding and newborn needs
- » Other goals or needs you have related to your health and the health of your baby

Call us with questions about the program. We are here to offer support to you and your baby.

There is no cost to members to use this program. It is an optional program. You can choose not to participate. If you join the program, you can opt out at any time.

If you are pregnant and have the diagnosis of high blood pressure or diabetes, you are eligible for meals throughout the duration of your pregnancy and for 2 weeks following your delivery (7 days per week, 3 meals per day). Please call your Care Team to see if you are eligible for this benefit.

To find out if you are eligible for the *i*Care for Mom and Baby program, call *i*Care Customer Service at 1-800-777-4376 (TTY: 711). We will ask you a few questions about your pregnancy to determine your specific needs and eligibility.

Complex Chronic Conditions

Having a high quality of life while managing multiple chronic conditions is a huge challenge. Examples of chronic conditions are:

» Diabetes

» COPD

» Hypertension

» Mental illnesses and /or substance use disorders

If you have a chronic health condition, it requires juggling many different providers and treatments. You also need to know how those treatments work together. It can be hard to understand. Our case management teams are here to help.

Our care management teams will work with you to assess your needs. There are different levels of care management, and your team will help identify and place you in the level that is best for you. Your care team may help you establish health goals and overcome barriers to those goals. They can assist with provider referrals and care coordination. They can also assist with referrals to community resources.

There is no cost to members to use this program. It is an optional program. You can choose not to participate. If you join the program, you can opt out at any time. To find out more, please call *i*Care Customer Service at 1-800-777-4376. TTY users call 711.

Utilization Management in Health Care. What it is and how it affects you.

*i*Care's Utilization Management (UM) is a process done by the *i*Care UM Team to make sure the care you get is necessary and follows medical and behavioral health standards. Doctors and nurses are on the UM Team.

There are three times we review and monitor your care:

1. Before you receive health care or a service
2. During your health care or service
3. After you received health care or a service

The decisions made during any of the reviews explained below may result in a denial. This denial could be on the health care or service. We could also make the decision not to pay for the health care or service. If you or your provider disagree with the UM decision, you have the right to file an appeal. Appeals are processed according to *i*Care's policies and procedures. For more information on how to file an appeal, see Filing a Grievance or Appeal.

*i*Care wants to ensure its members receive the right medical care from the right provider at the right time. Humana works with practitioners and providers to deliver services that are correct and medically needed for a member's medical condition.

- UM decision-making at *i*Care is based only on appropriateness of care and service and existence of coverage.
- *i*Care does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

How do we review *before* you get health care?

*i*Care reviews and monitors your care through Prior Authorization. Prior Authorization (PA) means that our doctors and nurses review medical and behavioral services before you get care. They look at the type of care or service to see how complex it is. They also look to see if there could be any risks to your health. Services that require PA are listed on the Prior Authorization List on *i*Care's web site. Some are also listed in the Medical Care or Services that Require Prior Approval (Authorization) section on page 7.

Your provider will work with *i*Care's Prior Authorization department to request the review and get approvals, if needed.

How do we review *during* your health care?

*i*Care's doctors and nurses may monitor certain types of care you get and where you get that care. They work with your providers to make sure where and how you are getting health care and services is appropriate for your individual needs and situation. For example, *i*Care doctors and nurses may monitor care you get during an inpatient hospital stay.

*i*Care's doctors and nurses also make sure you have access to the resources and services you need after you

are discharged. They also work with your providers to make sure you continue to get care at a place that is best for your needs. This could be at a skilled nursing facility, at a long-term care facility, or at your home or community-based care.

How do we review *after* your health care?

This happens before or after *i*Care pays the claim. We look at the care you received and then look at the claim. We look for things like making sure the care or service was necessary and appropriate. We also look at the claim to make sure you received the services *i*Care was billed for and the cost is correct.

*i*Care provides free aids and services to people with disabilities to communicate effectively with us. We also provide free language services to people whose primary language is not English. If you need these services to communicate with us on your Utilization Management needs, contact Customer Service at 1-800-777-4376 (TY: 711)24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

Specialty Care

A specialist is a doctor who is an expert in an area of medicine. There are many kinds of specialists. Here are a few examples:

- Oncologists, who care for people with cancer.
- Cardiologists, who care for people with heart conditions.
- Orthopedists, who care for people with certain bone, joint, or muscle conditions.

Contact your primary care provider if you need care from a specialist. Most of the time, you need to get approval from your primary care provider and *i*Care before seeing a specialist.

Telehealth Services

Telehealth is audio and video contact with your doctor or health care provider using your phone, computer, or tablet. *i*Care covers telehealth services that your provider can deliver at the same quality as in-person services. This could be doctor office visits, mental health or substance abuse services, dental consultations, and more. There are some services you cannot get using telehealth. This includes services where the provider needs to touch or examine you.

Both you and your provider must agree to a telehealth visit. You always have the right to refuse a telehealth visit and do an in-person visit instead. Your *i*Care BadgerCare Plus and/or Medicaid SSI benefits and care will not be impacted if you refuse telehealth services. If your provider only offers telehealth visits and you want to do in-person, they can refer you to a different provider.

*i*Care and Wisconsin Medicaid providers must follow privacy and security laws when providing services over telehealth.

WHEN YOU MAY BE BILLED FOR SERVICES

Covered and Noncovered Services

*i*Care BadgerCare Plus and *i*Care Medicaid SSI members do not have to pay for covered health care services.

You may have to pay the full cost of services if:

- The service is not covered under *i*Care BadgerCare Plus and/or Medicaid SSI.
- You needed approval for a service from your primary care provider or *i*Care, but you did not get approval before getting the service.
- *i*Care determines that the service is not medically necessary for you. Medically necessary services are approved services or supplies needed to diagnose or treat a condition, disease, illness, injury, or symptom.
- You received a non-emergency service from a provider that is not in the *i*Care network. Or you received non-emergency services from a provider that does not accept your ForwardHealth card.

You can ask for noncovered services if you are willing to pay for them. You'll have to make a written payment plan with your provider. Providers may bill you up to their usual and customary charges for noncovered services.

If you get a bill for a service you did not agree to, please call 1-800-777-4376.

Copayments

Under BadgerCare Plus and Medicaid SSI, *i*Care and its providers may bill you copayments. A copayment is a fixed amount of money you pay for a covered health care service. Copayments for *i*Care BadgerCare Plus and/or Medicaid SSI members are usually $3 or less. The following members do not have to pay copayments:

- Nursing home residents
- Terminally ill members receiving hospice care
- Pregnant women
- Members younger than 19 years old
- Children in foster care or adoption assistance
- Youth who were in foster care on their 18th birthday. They don't have to pay any copays until age 26.
- Members who join by Express Enrollment
- American Indians or Alaskan Native Tribal members, children, or grandchildren of a tribal member, or anyone who can get Indian Health Services. Age and income do not matter. This applies when getting items and services from an Indian Health Services provider or from the Purchase and Referred Care program.

Care When You Are Away From Home

Follow these rules if you need medical care but are too far away from home to go to your regular primary care physician or clinic:

- **For true emergencies, go to the nearest hospital, clinic, or doctor.** Call *i*Care at 1-800-777-4376 as soon as you can to tell us what happened. If you need emergency care outside of Wisconsin, health care providers in the area where you are can treat you and send the bill to *i*Care. Providers are responsible for submitting all claims for members. You may need to pay a copayment if you get emergency care outside of Wisconsin. If you get a bill for services, you got outside of Wisconsin, call Customer Service at 1-800-777-4376.
- **For urgent or routine care away from home, you must get approval from *i*Care before you go to a different doctor, clinic, or hospital.** This includes children who are spending time away from home with a parent or relative. Call us at 1-800-777-4376 for approval to go to a different doctor, clinic, or hospital.
- **For urgent or routine care outside the United States, call *i*Care first.** *i*Care does not cover any services provided outside the United States, Canada, and Mexico. This includes emergency services. If you need emergency services while in Canada or Mexico, *i*Care will cover it only if the doctor's or hospital's bank is in the United States. Other services may be covered with *i*Care approval if the provider has a bank in the United States. Please call *i*Care if you get any emergency services outside the United States.

OTHER INSURANCE

Tell your providers if you have other insurance in addition to BadgerCare Plus or Medicaid SSI. Your providers must bill your other insurance before billing *i*Care. If your *i*Care provider does not accept your other insurance, call the HMO Enrollment Specialist at 800-291-2002. They can tell you how to use both insurance plans.

SERVICES COVERED UNDER BADGERCARE OR MEDICAID SSI

*i*Care provides most medically necessary, covered services under BadgerCare Plus and/or Medicaid SSI. See Services Covered by *i*Care on page 17 for more information about services covered by *i*Care.

Some services are covered by ForwardHealth. To learn more about these services see page 20, Services Covered by ForwardHealth.

Some services require prior authorization. Prior authorization is written approval for a service or prescription. You may need prior authorization from *i*Care or ForwardHealth before you get a service or fill a prescription.

Behavioral (autism) treatment services	Full coverage (with prior authorization). No copay ***Covered by ForwardHealth. Use your ForwardHealth card to get this service**
Chiropractic services	Full coverage. Copay: $.50 to $3 per service ***Covered by ForwardHealth. Use your ForwardHealth card to get this service.**
Dental services	Copay: $0.50 to $3 per service ***Covered by Forward Health. Use your ForwardHealth card to get this service** *See additional information on pg. 17
Disposable medical supplies	Prior authorization required
Drugs (Prescription and over-the-counter)	Coverage of generic and brand name prescription drugs, and some over-the counter drugs. Copay: $0.50 for over-the-counter drugs $1 for generic drugs $3 for brand Copays are limited to $12 per member, per provider, per month. Over-the-counter drugs do not count toward the $12 maximum. Limit of five opioid prescription refills per month. ***Covered by ForwardHealth. Use your ForwardHealth card to get drugs**
Durable medical equipment	Refer to Authorization Procedure Specific Listing for an inclusive list of CPT/HCPCS codes requiring prior authorization https://www.icarehealthplan.org/Prior-Authorization.htm
HealthCheck screenings for children	*See additional information on pg. 18
Home care services	Prior authorization required
Hospice	Prior authorization required

Mental health and substance abuse treatment	Prior authorization required for urine drug screen requests *See additional information on pg. 11
Nursing home services	Prior authorization required
Reproductive and family planning services	*See additional information on pg. 17
Routine vision	*Some limitations apply. Call Customer Service for more information.
Therapies: Physical therapy, occupational therapy, speech and language therapy	Prior authorization required for outpatient physical therapy, occupational therapy, speech therapy, cardiac therapy, and pulmonary therapy.
Transportation: ambulance, specialized motor vehicle, common carrier	Full coverage of emergency and non-emergency transportation to and from a provider for a covered service. Copays: $0 copay for non-emergency ambulance trips $1 copay per trip for transportation by specialized motor vehicle No copay by common carrier or emergency ambulance *See additional information on pg. 21

SERVICES COVERED BY *i*CARE

Family Planning Services

We provide private family planning services to all members, including people under the age of 18. If you do not want to talk to your primary care provider physician about family planning, call our Customer Service Department at 1-800-777-4376. We will help you choose an *i*Care family planning provider who is different from your primary care provider.

We encourage you to get family planning services from an *i*Care in-network provider. This allows us to better coordinate all your health care. However, you can also go to any family planning clinic that will accept your ForwardHealth ID card, even if the clinic is not part of *i*Care's provider network.

Dental Services

*i*Care provides all covered dental services in Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties. You must go to an *i*Care in-network dentist. See the *i*Care Medicaid SSI/BadgerCare Plus Provider Directory or call Customer Service at 1-800-777-4376 for the names of our dentists.

As a member of *i*Care, you have the right to a routine dental appointment within 90 days of your request either in writing or over the phone to the Customer Service Department.

» If you are an ***i*Care Medicaid SSI member** and live in a county that is not listed above, dental services are a covered benefit under Medicaid Fee-for-Service.

» If you are a **BadgerCare Plus member** and live in a county that is not listed above, dental services are a covered benefit under BadgerCare Plus. Dental services are benefits to all BadgerCare Plus members including children. This includes children starting at age 2.

Dental services are a covered benefit for you. You may get dental service from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to www.forwardhealth.wi.gov.

2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare Plus/Medicaid.

Or you can call ForwardHealth Member Services at 1-800-362-3002.

You have the right to a routine dental appointment within 90 days of your request for an appointment. Call *i*Care at 1-800-777-4376 if you need help with getting a ride to or from the dentist's office. We can help with getting a ride.

If you have a dental emergency, you have the right to obtain treatment within 24 hours of your request for an appointment. A dental emergency is severe dental pain, swelling, fever, infection, or injury to the teeth. If you are having a dental emergency:

» If you already have a dentist who is with *i*Care:

- Call the dentist's office.
- Tell the dentist's office that you or your child is having a dental emergency.
- Tell the dentist's office what the exact dental problem is. This may be something like a severe toothache or swollen face.
- Call us if you need help with getting a ride to or from your dental appointment.

» If you do not currently have a dentist who is with *i*Care:

- Call *i*Care. Tell us that you or your child is having a dental emergency. We can help you get dental services.
- Tell us if you need help with getting a ride to or from the dentist's office.

For help with a dental emergency, call 1-800-777-4376.

Vision Services

*i*Care provides covered vision services, including eyeglasses; however, some limitations apply. For more information call our Customer Service Department at 1-800-777-4376.

HealthCheck Services

HealthCheck covers complete health checkups for members younger than 21 years old. HealthCheck exams, also known as "well-child checks," are doctor visits your child or young adult has when they are well. The doctor asks questions and examines your child. This is to make sure your child is healthy and taking the right steps to stay healthy. It's a good time to ask health questions you or your child may have. HealthCheck also covers treatment for any problems found during your child's HealthCheck exam.

HealthCheck has three purposes:

1. To find and treat health problems for those younger than 21 years old.
2. To share information about special health services for members younger than 21 years old.
3. To make members younger than 21 years old eligible for some health care not otherwise covered.

The HealthCheck exam includes:

» Age-appropriate immunizations (shots).

» Blood and urine lab tests.

» Dental checks and a referral to a dentist beginning at 1 year old.

» Health and developmental history.

» Hearing checks.

» Head-to-toe physical exam.

» Lead testing for children ages 1 and 2 years old and children under age 6 who have never had a lead test.

» Vision checks.

To schedule a HealthCheck exam or for more information, call our Customer Service Department at 1-800-777-4376.

If you need a ride to or from a HealthCheck appointment, please call the Department of Health Services (DHS) non-emergency medical transportation (NEMT) manager at 1-866-907-1493 (TTY: 1-800-855-2880) to schedule a ride.

Ambulance

*i*Care covers ambulance trips (services) for emergency care. We may also cover this service at other times, but you must have approval for all non-emergency ambulance trips. Call our Customer Service Department at 1-800-777-4376 for approval.

Pharmacy Benefit

Your prescription drug benefit (also known as your pharmacy benefit) is provided by Wisconsin Medicaid. *i*Care does not provide Medicaid members retail pharmacy benefits.

You may get a prescription from an *i*Care network doctor, specialist, or dentist. Please remember this important information:

» Before you go to the pharmacy, make sure they accept Wisconsin Medicaid.

» You can fill your prescription at any pharmacy that is a provider for BadgerCare Plus and Medicaid SSI.

» You can get covered prescriptions, certain over-the-counter items and certain disposable medical supplies at any pharmacy that will accept your ForwardHealth ID card.

» Your ForwardHealth ID card has important information for your pharmacy. Please have your card with you. If you do not have your ForwardHealth ID card you can still go to the pharmacy. Tell them you have Medicaid. The pharmacist can call to get the needed information.

» You may have co-pays or limits on covered medications. If you cannot afford your co-pays, you can still get your prescriptions. Ask your doctor or pharmacist about medication limits.

To find a pharmacy or see what is covered or if you have questions about prescriptions, call Wisconsin Medicaid Member Services at 1-800-362-3002.

Some drugs that are ordered by your doctor or specialist and given to you in an office setting or infusion center are covered by your *i*Care medical benefit. If these drugs require prior authorization (see Utilization Management in Health Care, above), your doctor will request prior authorization from *i*Care. Your provider will work with *i*Care's Prior Authorization department to request the review and get approvals for these drugs, if needed.

Flu Shots

Influenza (flu) vaccines protect against the most common flu viruses of the season. Most vaccines are shots (given with a needle) in the arm but sometimes a nasal spray is an option.

Most everyone 6 months and older should get a flu vaccine each season. This is especially important for older adults and people with chronic conditions. There are several types of vaccine. Ask your provider or pharmacist about the best vaccine for you.

The flu vaccine cannot give you the flu. You may feel a little achy, have a low- grade fever, or soreness at the injection site. This is a normal reaction to the vaccine.

Flu vaccines do not always protect you from getting the flu, but they are the best protection from getting seriously ill from the flu. Flu causes thousands of hospitalizations and deaths each year.

Flu vaccines are free with your health insurance. You can get a flu vaccine at your provider office or pharmacy. Need help finding a flu vaccine? Go to Vaccine Finder: https://www.vaccines.gov/find-vaccines/.

More information, talk with your provider, pharmacy or go to: https://www.cdc.gov/flu/prevent/flushot.htm. You can also call *i*Care Customer Service for help at 1-800-777-4376 (TTY: 711).

Mammogram (Breast Screening)

*i*Care and the Centers for Disease Control and Prevention recommend that women aged 40 and older have a mammogram each year. A mammogram is an x-ray of the breast. It is also a type of breast screening. It is one of the best ways to check for breast cancer. Please call *i*Care Customer Service at 1-800-777-4376 for more information and for help scheduling a mammogram.

How does *i*Care decide if we will cover a new medical technology?

Sometimes your provider may ask *i*Care to pay for a new medical technology. Technology means using scientific knowledge and applying it to human life. One example of a new medical technology is a telehealth visit. Another example is using a robotic arm, or a new technique used during an operation.

Sometimes the new technology is not a covered by your health insurance. When this happens, your provider will need to ask *i*Care to cover the procedure or service. Sometimes we cover it once. Other times we decide to always cover the new technology (like a telehealth visit). Our medical team of nurses and doctors look at all the facts to decide if we will cover it.

They ask questions like:

» Will it improve the member's health?

» Will it be harmful to the member?

» Is this new treatment necessary?

» Is it safe?

» Are other doctors using the technology?

» Is it approved by the government or state agency?

If your doctor asks us to cover a treatment or service that requires new technology, we will make a coverage decision after receiving the information we need.

If we decide not to cover the new technology, we will tell you the reason for the denial. We will also tell your provider. We will then explain how you can appeal the decision.

Your provider can submit a request for review of a new technology to us in writing or by phone. Our mailing address is: Independent Care Health Plan, 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212. Call 1-800-777-4376 (TTY: 711). Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

SERVICES COVERED BY FORWARDHEALTH

Behavioral (Autism) Treatment Services

Behavioral treatment services are a covered benefit under BadgerCare Plus. Behavioral treatment services are used to treat autism. You can get autism treatment services from a Medicaid-enrolled provider who will accept your ForwardHealth ID Card. To find a Medicaid-enrolled provider:

1. Go to www.forwardhealth.wi.gov.
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare Plus/Medicaid.

Or you can call ForwardHealth Member Services at 1-800-362-3002.

Chiropractic Services

Chiropractic services are a covered benefit under BadgerCare Plus and Medicaid SSI. You may get covered chiropractic services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to www.forwardhealth.wi.gov.
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.

4. Click on the "Find a Provider" link.
5. Under Program, select BadgerCare Plus/Medicaid.

Or you can call ForwardHealth Member Services at 1-800-362-3002.

Transportation Services

You can get non-emergency medical transportation (NEMT) services through Wisconsin NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to get there. NEMT can include rides using:

» Public transportation, such as a city bus.
» Non-emergency ambulances.
» Specialized medical vehicles.
» Other types of vehicles, depending on a member's medical and transportation needs.

If you have a car and are able to drive yourself to your appointment but cannot afford to pay for gas, you may be eligible for mileage reimbursement (money for gas).

You must schedule routine rides at least two business days before your appointment. Call the NEMT manager at 866-907-1493 (or TTY 711), Monday through Friday, from 7 a.m. until 6 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

SERVICES NOT COVERED BY *i*CARE BADGERCARE PLUS OR *i*CARE MEDICAID SSI

The services below are not covered under *i*Care BadgerCare Plus and Medicaid SS:

» Services that are not medically necessary.
» Services that have not been approved by *i*Care or your primary care provider when approval is required.
» Normal living expenses like rent or mortgage payments, food, utilities, enterainment, clothing, furniture, household supplies, and insurance.
» Experimental or cosmetic services or procedures.
» Infertility treatments or services.
» Reversal of voluntary sterilization.
» Inpatient mental health stays in institutional settings for members ages 22-64, unless provided for less than 15 days instead of traditional treatment.
» Room and board.

IN LIEU OF SERVICE OR SETTING

*i*Care may cover some services or care settings that are not normally covered in Wisconsin Medicaid. These services are called "in lieu of" services or settings.

The following in lieu of services or settings are covered under BadgerCare Plus and Medicaid SSI:

» Inpatient mental health services in an institute of mental disease (IMD) for a person 22-64 years of age for no more than 15 days during a month.
» Sub-acute community-based clinical treatment (short-term residential mental health services).

Deciding if an "in lieu of" service or setting is right for you is a team effort. *i*Care will work with you and your provider to help you make the best choice. **You have a right to choose not to participate in one of these settings or treatments.**

ADDED BENEFIT FOR *i*CARE MEDICAID SSI PLAN MEMBERS ONLY

Monthly Fitness Reimbursement

Get up to $35 a month towards a health/fitness center membership and/or exercise class. How? Mail *i*Care your receipt for your paid membership fees or exercise class. *i*Care will reimburse you up to $35 a month. *i*Care will only reimburse *i*Care Medicaid SSI members for the cost of the monthly membership or class fee.

Start-up or annual fees are not eligible. Family and friends may not participate.

How it works

*i*Care Medicaid SSI plan members must submit a receipt for each month that they wish to be reimbursed. The receipt must clearly show that the member paid for the month. You must also include your current mailing address in the envelope.

You can get reimbursed two ways:

1. Check from *i*Care/Humana.
2. Direct deposit into your bank account.

*i*Care will not accept fitness club bills. We will honor reimbursement requests up to 30 days after the last day of the month to be reimbursed. For example, if an *i*Care Medicaid SSI member would like to be reimbursed for their January membership they must submit their receipt by March 1. Please allow up to 30 days for reimbursement. Transportation to a fitness club is not a covered benefit.

Check

Mail your receipt to *i*Care. Once your receipt is processed, we will mail you a check. Receipts can be mailed to: *i*Care, Attention: Fitness Reimbursements, 1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212. If you have any questions regarding the program, please contact Customer Service at 1-800-777-4376 (TTY: 711), Monday through Friday, 8:30 a.m. to 5:00 p.m. Checks will be mailed from Humana Inc., not *i*Care. As of 1/1/2021, *i*Care is a wholly-owned subsidiary of Humana, Inc. Please make note of this to avoid any delays in receiving your check in the mail. *i*Care has the right to change or discontinue this benefit at any time.

Direct Deposit

If you would like to participate in direct deposit, write VOID across a check from your bank account. Be careful to not cover up the routing or bank account number at the bottom of the check when voiding it. Those numbers are needed for payment. Include the voided check in with your receipt. Once you are set up, payments will be deposited into your bank account by the end of each month. You can opt-out at any time by sending a written request to *i*Care. Please make sure to update us if there are any changes to your bank account. Signing up is optional. If you choose not to sign up for the direct deposit program, you will receive a check. Call your Care Team for more information or for questions about direct deposit.

COMPLEX CARE MANAGEMENT (COORDINATION)

We offer Complex Care Management services for Members if they experience multiple hospitalizations or have complex medical needs that require frequent and ongoing assistance. Complex Care Management provides support to Members with complex clinical, behavioral, functional, and/or social needs, who have the highest risk factors, such as multiple conditions, or who take multiple medications, served within multiple systems, and often have the highest costs.

To get additional information about the Complex Care Management Program, self-refer into, or opt out of the Complex Care Management Program, you may contact our Care Management department at 1-800-448-3810 (TTY: 711).

Required interventions are more intensive. A team of healthcare providers, social workers, and community service partners are available to make sure your needs are met, and all efforts are made to improve and optimize your overall health and well-being. The Care Management Program is optional.

IF YOU MOVE

If you are planning to move, contact your county or tribal agency. If you move to a different county, you must also contact the county or tribal agency in your new county to update your eligibility for Badger-Care Plus or Medicaid SSI.

If you move out of *i*Care's service area, call the HMO Enrollment Specialist at 800-291-2002. They will help you choose a new HMO that serves your new area.

GETTING A SECOND MEDICAL OPINION

If you disagree with your doctor's treatment recommendations, you may be able to get a second medical opinion. Contact your doctor or our Customer Service Department at 1-800-777-4376 for information.

HMO EXEMPTIONS

*i*Care is a health maintenance organization, or HMO. HMOs are insurance companies that offer services from select providers.

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you don't have to join an HMO to get your BadgerCare Plus or Medicaid SSI benefits. Most exemptions are granted for only a short period of time. It's usually to allow you to complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment, call the HMO Enrollment Specialist at 800-291-2002 for more information.

CHANGES IN YOUR MEDICAID COVERAGE

If you have moved from ForwardHealth or a BadgerCare Plus or Medicaid SSI HMO to a new BadgerCare Plus or Medicaid SSI HMO, then you have the right to review new types of services and treatments. *i*Care has a process for reviewing new types of services and treatments. As part of the review process, *i*Care:

» Continues to see your current providers and access your current services for up to 90 days. Please call your new HMO when you enroll to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will choose a new provider that is in the HMO network.

» Get services that you need to avoid serious health risk or hospitalization.

Call *i*Care Customer Service at 1-800-777-4376 for more information about changes in your coverage.

COMPLETING AN ADVANCED DIRECTIVE, LIVING WILL, OR POWER OF ATTORNEY FOR HEALTH CARE

You have the right to give instructions about what you want done if you are not able to make decisions for yourself. Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen in these situations. This means you can develop an "advance directive."

There are different types of advance directives and different names for them. Documents called "living will" and "power of attorney for health care" are examples of advance directives.

You decide whether you want an advanced directive. Your providers can explain how to create and use an advance directive. But they cannot force you to have one or treat you differently if you don't have one.

Contact your provider if you want to know more about advance directives. You can also find advance directive forms on the Wisconsin Department of Health Service (DHS) website at www.dhs.wisconsin.gov/forms/advdirectives.

You have the right to file a grievance with the DHS Division of Quality Assurance if your advance directive, living will, or power of attorney wishes are not followed. You can get help filing a grievance by calling the DHS Division of Quality Assurance at 800-642-6552.

NEW TREATMENTS AND SERVICES

*i*Care has a process for reviewing new types of services and treatments. As part of the review process, *i*Care:

» Reviews scientific studies and standards of care to make sure new treatments or services are safe and helpful.

» Looks at whether the government has approved the treatment or service.

FILING A GRIEVANCE OR APPEAL

Grievances

What is a grievance?

You have a right to file a grievance if you are unhappy with our plan or providers. A grievance is any complaint about *i*Care or a network provider that is not related to a decision *i*Care made about your health care services. You might file a grievance about things like the quality of services or care, rudeness from a provider or an employee, and not respecting your rights as a member.

Who can file a grievance?

You can file a grievance. An authorized representative, a legal decision maker, or a provider can also file a grievance for you. We will contact you for your permission if an authorized representative or provider files a grievance for you.

When can I file a grievance?

You (or your representative) can file a grievance at any time.

How do I file a grievance with *i*Care?

Call *i*Care Member Advocate at 1-800-777-4376, or write to us at the following address if you have a grievance:

Independent Health Care Plan

1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212.

If you file a grievance with *i*Care, you will have the opportunity to appear in-person in front of *i*Care's Grievance and Appeal Committee. *i*Care will have 30 days from the date the grievance is received to give you a decision resolving the grievance.

Who can help me file a grievance?

*i*Care's Member Advocate can work with you to solve the problem or help you file a grievance.

If you want to talk to someone outside *i*Care about the problem, you can call the Wisconsin HMO Ombuds Program at 800-760-0001. The Ombuds Program may be able to help you solve the problem or write a formal grievance to *i*Care. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 800-928-8778 for help with filing a grievance.

What if I disagree with *i*Care's response?

If you don't agree with *i*Care's response to your grievance, you can request a review of your grievance with the Wisconsin Department of Health Services (DHS).

Write to: BadgerCare Plus and Medicaid SSI
HMO Ombuds
P.O. Box 6470
Madison, WI 53716-0470

Or call: 800-760-0001

Will I be treated differently if I file a grievance?

You will not be treated differently from other members because you file a complaint or grievance. Your health care and benefits will not be affected.

Appeals

What is an appeal

You have a right to request an appeal if you are unhappy with a decision made by *i*Care. An appeal is a request for *i*Care to review a decision that affects your services. These decisions are called **adverse benefit determinations.**

An **adverse benefit determination** is any of the following:

» *i*Care plans to stop, suspend, or reduce a service you are currently getting.

» *i*Care decides to deny a service you asked for.

» *i*Care decides not to pay for a service.

» *i*Care asks you to pay an amount that you don't believe you owe.

» *i*Care decides to deny your request to get a service from a non-network provider when you live in a rural area that has only one HMO.

» *i*Care does not arrange or provide services in a timely manner.

» *i*Care does not meet the required timeframes to resolve your grievance or appeal.

*i*Care will send you a letter if you have received an adverse benefit determination.

Who can file an appeal?

You can request an appeal. An authorized representative, a legal decision maker, or a provider can also file an appeal for you. We will contact you for your permission if an authorized representative or provider requests an appeal for you.

When can I file an appeal?

You (or your representative) must request an appeal within 60 days of the date on the letter you receive describing the adverse benefit determination

How do I file an appeal with *i*Care?

If you would like to appeal an adverse benefit determination, you can call the *i*Care Member Advocate at 1-800-777-4376 or write to the following address:

Independent Health Care Plan

1555 North RiverCenter Drive, Suite 206, Milwaukee, Wisconsin 53212

If you request an appeal with *i*Care, you will have the opportunity to appeal in-person in front of *i*Care's Grievance and Appeal Committee. Once your appeal is requested, *i*Care will have 30 calendar days to give you a decision.

What if I can't wait 30 days for a decision?

If you or your doctor think that waiting 30 days could seriously harm your health or ability to perform your daily activities, you can request a fast appeal. If *i*Care agrees that you need a fast appeal, you will get a decision within 72 hours.

Who can help me request an appeal?

If you need help writing a request for an appeal, please call your *i*Care Member Advocate at 1-800-777-4376.

If you want to speak with someone outside *i*Care, you can call the BadgerCare Plus and Medicaid SSI Ombuds at 800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-708-3034 for help with your appeal.

Can I continue to get the service during my appeal?

If *i*Care decides to stop, suspend, or reduce a service you are currently getting, you have the right to ask to keep getting your service during your appeal. You'll have to mail, fax, or email your request within a certain timeframe, whichever is later:

» On or before the date *i*Care plans to stop or reduce your service.

» Within 10 days of getting notice that your service will be reduced.

If *i*Care's decision about your appeal is not in your favor, you might have to pay *i*Care back for the service you got during the appeal process.

Will I be treated differently if I request an appeal?

You will not be treated differently from other members because you request an appeal. The quality of your

health care and other benefits will not be affected.

What if I disagree with *i*Care's decision about my appeal?

You can request a fair hearing with the Wisconsin Division of Hearing and Appeals if you disagree with your *i*Care's decision about your appeal. Learn more about fair hearings below.

FAIR HEARINGS

What is a fair hearing?

A fair hearing is a review of *i*Care's decision on your appeal by an Administrative Law Judge in the county where you live. **You must appeal to *i*Care first before requesting a fair hearing.**

When can I request a fair hearing?

You must request a fair hearing within 90 days of the date you get *i*Care's written decision about your appeal.

How do I request a fair hearing?

If you want a fair hearing, send a written request to:

Department of Administration

Division of Hearings and Appeals

P.O. Box 7875

Madison, WI 53707-7875

You have the right to be represented at the hearing, and you can bring a friend for support. If you need a special arrangement for a disability or for language translation, please call 608-266-7709.

Who can help me request a fair hearing?

If you need help writing a request for a fair hearing, please call the BadgerCare Plus and Medicaid SSI Ombuds at 800-760-0001. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at 1-800-708-3034 for help.

Can I keep getting the service during my fair hearing?

If *i*Care decides to stop, suspend, or reduce a service you are currently getting, you have the right to ask to keep getting your service during your *i*Care appeal and fair hearing. You'll have to request that the service continue during your fair hearing, even if you already requested to continue the service during your *i*Care appeal. You'll have to mail, fax, or email your request within a certain timeframe, whichever is later:

» On or before the date *i*Care plans to stop or reduce your service.

» Within 10 days of getting notice that your service will be reduced.

If the administrative law judge's decision is not in your favor, you might have to pay *i*Care back for the service you got during the appeal process.

Will I be treated differently if I request a fair hearing?

You will not be treated differently from other members because you request a fair hearing. The quality of your health care and other benefits will not be affected.

YOUR RIGHTS

1. **You have a right to get information in a way that works for you. This includes:**
    - » Your right to have an interpreter with you during any BadgerCare Plus, Medicaid SSI covered service.
    - » Your right to get this member handbook in another language or format.
2. **You have a right to be treated with dignity, respect, and fairness and with consideration for privacy. This includes:**
    - » Your right to be free from discrimination. *i*Care must obey laws that protect you from

discrimination and unfair treatment. *i*Care provides covered services to all eligible members regardless of the following:

- Age
- Color
- Disability
- National origin
- Race
- Sex
- Religion
- Sexual Orientation
- Gender identity

All medically necessary, covered services are available and will be provided in the same manner to all members. All persons or organizations connected with *i*Care that refer or recommend members for services shall do so in the same manner for all members.

» Your right to be free from any form of restraint or seclusion used to coerce, discipline, be convenient, or retaliate. This means you have the right to be free from being restrained or forced to be alone to make you behave in a certain way, to punish you, or because someone finds it useful.

» Your right to privacy. *i*Care must follow laws protecting the privacy of your personal and health information. See *i*Care's Notice of Privacy Practices for more information.

3. **You have the right to get health care services as provided for in federal and state law. This includes:**

» Your right to have covered services be available and accessible to you when you need them. When medically appropriate, services must be available 24 hours a day, seven days a week.

4. **You have a right to make decisions about your health care. This includes:**

» Your right to get information about treatment options, regardless of cost or benefit coverage.

» You have the right to be treated with respect and dignity. You also have a right to your privacy.

» You have the right to have an open and honest talk with *i*Care and your providers. During this talk you can address what is the best care for your health no matter the cost or benefit coverage.

» Your right to accept or refuse medical or surgical treatment and participate in making decisions about your care.

» Your right to plan and direct the types of health care you may get in the future if you become unable to express your wishes. You can make these decisions by completing an **advance directive, living will,** or **power of attorney for health care**. See more information on page 16, Completing an Advance Directive, Living Will, Or Power Of Attorney For Health Care.

» Your right to a second opinion if you disagree with your provider's treatment recommendation. Call Customer Service for more information about how to get a second opinion.

5. **You have a right to know about our providers and any physician incentive plans *i*Care uses. This includes:**

» Your right to ask if *i*Care has special financial arrangements (physician incentive plans) with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Customer Service Department at 1-800-777-4376 and request information about our physician payment arrangements.

» Your right to request information about *i*Care providers, including the provider's education, board certification, and recertification. To get this information, call our Customer Service Department at 1-800-777-4376.

6. **You have a right to ask for copies of your medical records from your provider.**

» You may correct inaccurate information in your medical records if your doctor agrees to the correction.

» Call 1-800-777-4376 for assistance with requesting a copy or change to your medical records. Please note that you may have to pay to copy your medical records.

7. **You have a right to be informed about any Medicaid covered benefits that are not available through the *i*Care because of moral or religious objection. This includes:**
   - » Your right to be informed of how to access these services through FowardHealth using your ForwardHealth card.
   - » Your right to disenroll from *i*Care if *i*Care does not cover a service you want because of moral or religious objections.
8. **You have a right to voice or file a complaint, grievance, or appeal if you are dissatisfied with your care or services. This includes:**
   - » Your right to request a fair hearing if you are dissatisfied with *i*Care's decision about your appeal or if *i*Care does not respond to your appeal in a timely manner.
   - » Your right to request a Department of Health Services grievance review if you are unhappy with *i*Care's decision about your grievance or if *i*Care does not respond to your grievance in a timely manner.
   - » For more information on how to file a grievance, appeal, or fair hearing, see page 17, Filing a Grievance or Appeal.
9. **You have the right to receive information from *i*Care about any big changes with *i*Care at least 30 days before the effective date of the change.**
   - » A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities.
10. **You have a right to be free to exercise your rights without negative treatment by the *i*Care and its network providers. This includes:**
    - » Your right to make recommendations about *i*Care's Member Rights and Responsibilities Policy.

YOUR RESPONSIBILITIES

- » Your have the responsibility to provide the information that *i*Care and its providers need to provide care.
- » You have a responsibility to let *i*Care know how best to contact and communicate with you. You have a responsibility to respond to communications from *i*Care.
- » You have a responsibility to follow plans and instructions for care that you have agreed to with your providers.
- » You have a responsibility to understand your health problems and participate in creating treatment goals with your providers.

ENDING YOUR MEMBERSHIP IN *i*CARE

You may switch HMOs for any reason during your first 90 days of enrollment in *i*Care. After your first 90 days, you will be "locked in" to enrollment in *i*Care for the next nine months. You will only be able to switch HMOs once this "lock-in" period has ended unless your reason for ending your membership in *i*Care is one of the reasons described below:

- » You have the right to switch HMOs, without cause, if the Wisconsin Department of Health Services (DHS) imposes sanctions or temporary conditions on *i*Care.
- » You have the right to end your membership with *i*Care at any time if:
  - You move out of *i*Care's service area.
  - *i*Care does not, for moral or religious objections, cover a service you want.
  - You need one or more services performed at the same time and you can't get them all within the

provider network. This applies if your provider determines that getting the services separately could put you at unnecessary risk.

- Other reasons, including poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your care needs.

If you choose to switch HMOs or disenroll from the BadgerCare Plus or Medicaid SSI programs completely, you must continue to get health care services through *i*Care until your membership ends.

FRAUD AND ABUSE

If you suspect fraud or abuse of the Medicaid program, you may report it.

Please go to www.reportfraud.wisconsin.gov.

*i*CARE'S PRIVACY NOTICE NEW LANGUAGE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED. IT WILL ALSO TELL YOU HOW YOU CAN GET THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The law says we must keep your health information private. This includes but is not limited to data on race/ethnicity, language, gender identity and/or sexual orientation. *i*Care does not use race/ethnicity, language, gender identity and/or sexual orientation information for underwriting and for the denial of coverage or benefits.

This Notice will tell you what information we collect. It also will tell you how we use it. You can call our Customer Service Department at **1-800-777-4376** if you have questions about this Notice. If you do not have any questions, you do not have to do anything.

How We May Use or Share Your Health Information

There are times when the law allows us to use and share your health information without your written consent. The following is a list of those times. In compliance with federal and state laws, we may also make your Protected Health Information (PHI) available electronically. We do this through an electronic health information exchange. We may give your PHI to other health care providers and health plans that request your information. We only give your PHI for purposes of Treatment, Payment, and Health Care Operations. We may also give your PHI to public health entities as permitted by law.

Participation in an electronic health information exchange also lets us see other providers' and health plans' information about you for purposes of Treatment, Payment, and Health Care Operations.

1. Treatment

We may use your health information to provide you with health care treatment or services. We also use it to arrange social services you may need. For example:

» Your care coordinator or case manager may share information they got from you or your health care providers with others involved in your treatment, including other health care providers. The information they share will be used to help you get the services you may need.

» Your health information may be shared with social service agencies. This information will be used to help you get the services you may need.

» We may share your Medicaid ID number with transportation companies. This is shared only if we need to get you a ride to your health care appointments.

» We may have to share your health information with health education programs you need or are participating in.

2. Payment

We may use your health information to pay for services you had or to manage benefits. For example:

» Your provider will submit a bill to *i*Care for payment of services you received. This bill shows your name and Medical Assistance number. It may give the services you received and what was wrong with you.

» Information about you may be shared with the State of Wisconsin. It may be used to see if you can join *i*Care. It may be used to see if you can get Medicaid or other program benefits.

3. Health Care Operations

Your health information may be used or shared to carry out benefit or service-related activities. This means that your health information may be shared with our staff or others to:

» Look at the quality of care you had.

» Learn how to improve our services.

» Provide case management services.

» Provide care coordination services.

» Resolve your complaint or grievance.

» See how our employees are doing in providing you with service.

4. Appointments and Treatment Choices

Your health information may be used or shared to remind you of appointments.

It may also be used to tell you about different ways you can be treated. Or it can be used to tell you about other health and services that you might like.

5. Family and Personal Representatives

We may share your health information with a relative. We may also share your health information with a close friend or other person who is involved in your care.

6. Business Associates

We work with others outside of *i*Care to provide certain services. These others are called business associates. Your health information may be given to them so they can do the job we ask them to do. They must also protect your health care information. For example, we work with a company to pay your claims.

7. Required by Law

Your health information may be used or shared as required by any federal, state, or local law. This means that we may share information when:

» Requested by a court for legal reasons.

» Needed by public health and Food and Drug Administration authorities.

» Needed for administrative actions, such as Fair Hearings.

8. Health Oversight

Your health information may be given to state or federal agencies to do reviews or to check on *i*Care. This helps the government to see what we are doing to meet civil rights or other laws.

9. Law Enforcement

Your health information may be shared if the law says we must. We will also share it if there is a valid court order to help identify or find suspects. We may also share it if it helps the law find a missing person or someone hiding from the law.

10. Serious Threats to Health or Safety

Your health information may be shared to prevent or lessen a serious threat to your health or safety. It may also be shared if there is a threat to the health and safety of the public.

11. Country's Safety

Your health information may be shared for the safety of the country. It may also be shared for government benefit reasons.

12. Jails or Prisons

We may need to share your health information with jail or prison staff if you become an inmate.

13. Research

Your health information may be used for research needs. It will only be shared after steps are taken to protect your privacy. We will ask for your permission if the researcher asks for information that says who you are. We will also ask for your permission to share information with the researcher if they are giving you care.

14. Worker's Compensation or Social Security Reviews

Your health information may be shared as needed to follow the laws related to worker's compensation. It may also be shared to help decide if you can get social security benefits.

15. Coroners, Medical Examiners or Funeral Directors

Health information may be shared to help confirm the identity of a deceased person.

16. Organ Donations

Information may be given to agencies if you need an organ transplant. It may also be shared with agencies if you want to donate an organ.

17. Other Uses

At times we may need to use or share your health information for other reasons. Other uses and disclosures not described in this Notice will be made only with your consent. You may cancel your consent, but it must be done in writing. When you cancel your consent, we will no longer be able to use or share your health information as stated in the consent. But we will not be able to take back any use or sharing that was already made with your consent. You will be told as soon as possible after the information is shared.

18. Uses That Require an Authorization by You

There are certain times when we must ask for your written consent to use or disclose your health information. These uses include:

» Use or disclosure of psychotherapy notes. We do not have to ask permission if the notes will be used by your provider in a lawsuit that you file against them. We do not have to ask permission to use the notes if they are used by your provider to help train other mental health providers.

» Use for Marketing unless the communication is a face-to-face or a promotional gift to you of small value.

» Sale of protected health information. *i*Care does not sell any member's protected health information.

Your Health Information Rights

All questions about your rights must be in writing. You can send your written request to Member Advocate/ Member Rights Specialist. Mail it to Independent Care Health Plan, 1555 N. RiverCenter Drive, Suite 206, Milwaukee, WI 53212. You can also call our Member Advocate/Member Rights Specialist to help make your request at 1-800-777-4376.

1. **Request Limits:** You can ask us to limit some uses and sharing of your health information. But the law does not say we must agree to these limits, unless your request is to not disclose protected health information about a health care service you received that was paid for in full by you or by another person (other than an insurance company like *i*Care) on your behalf.
2. **Request That You Be Informed About Your Health in a Way or at a Location That Will Keep Your Information Private:** Your request will be evaluated. We will let you know if it can be done.
3. **Inspect and Copy:** You have the right to view and copy certain health information about you. You may request a review if you are denied access to these records. You may be charged a reasonable fee if you want extra copies of records.
4. **Request a Change:** You have the right to request us to change your health information that you believe is not correct or complete. You must give a reason for your request. We do not have to make the change. If we say no to your request, we will give you information about why we will not make the change. We will tell you how you can disagree with it.

5. **Report of When Your Information Was Shared:** You can ask for a list of when and why we shared your health information. This list will only be for reasons other than treatment, payment, or health care operations. Your request should specify a period of up to six years. It may not include dates before April 14, 2003.
6. **Paper Copy:** You can ask to get a paper copy of this Notice at any time. Mail a written request to 1555 N. RiverCenter Dr. Suite 206, Milwaukee, WI 53212. You may also get a copy of this Notice at our web site at www.iCareHealthPlan.org.

Changes to this Notice of Privacy Practices

We have the right to change the terms of this Notice at any time. The new Notice will be effective for all health information we have. This notice is posted to our web site. Until changes are made to the Notice, we will use this version. We will notify you if there are changes to this notice and how to obtain a copy.

Complaints

You may complain to us if you believe your privacy rights have been violated. Complaints must be in writing. If you need help filing a complaint, contact our Member Advocate/Member Rights Specialist at 1-800-777-4376. You will not be treated any differently if you file a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services by writing to Office of Civil Rights, Department of Health and Human Services, 200 Independence Ave. SW, Washington, D.C. 20201.

Our Responsibilities

We must:

» Keep your protected health information private.

» Tell you about our legal duties.

» Tell you about our privacy practices about your health information.

» Stand by the terms of this notice.

» Tell you if we cannot agree to a limit on how you want your information used or disclosed.

» Notify you if there has been a breach of your protected health information.

» Meet reasonable requests you may make to send health information by other means or to other locations.

Contact Information

If you have any questions or complaints, please contact us at 414-223-4847 or 1-800-777-4376. TTY: 1-800-947-3529 or 711.

Effective date of this notice: January 1, 2025.

Use this page to write any notes or details of your Plan you would like to remember. Or use it to write questions you would like your Care Team or Customer Service to answer.

CUSTOMER SERVICE

Give us a call if you have questions about *i*Care BadgerCare Plus or *i*Care Medicaid SSI Plan benefits and services, or if you need help finding a provider. We can also put you in touch with interpreter services for the hearing impaired or if you speak another language.

Contact us at 1-800-777-4376, 24 hours a day, 7 days a week.
Office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.
TTY: 1-800-947-3529

If you have questions about the BadgerCare Program or to renew your benefits:

» Apply online at the ACCESS web site: www.access.wisconsin.gov

» Complete the online form at: www.dhs.wisconsin.gov/forms/F1/F10182.pdf

» Call ForwardHealth Member Services at 1-800-362-3002

» Call or go to your county IM agency or tribal agency to complete an application; for a map of the different IM agencies per county, go to: www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm

For Medicaid SSI information or to renew your benefits:

» Visit the DHS web site: https://www.dhs.wisconsin.gov/ddb/apply.htm

» Social Security Administration Resources – How to apply for Medicaid SSI:

- https://www.ssa.gov/disabilityssi/
- https://www.ssa.gov/ssi/text-apply-ussi.htm

iCare
INDEPENDENT CARE HEALTH PLAN
*i*Care is a wholly-owned subsidiary of Humana

***i*Care Office**
1555 North RiverCenter Drive,
Suite 206
Milwaukee, Wisconsin 53212

www.iCareHealthPlan.org

Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.

Customer Service is available 24 hours a day, 7 days a week.